



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF PROCUREMENT SERVICES**  
 STATE OF MAINE

## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

*INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/Office of MaineCare Services	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Stacy Martin	
(If applicable) Department Reference #:		Multiple See Attached	
Amount: (Contract/Amendment/Grant)	\$ 77,676,492.00	Advantage CT / RQS #:	Multiple See Attached
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date: 6/30/2024
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Multiple See Attached	
Brief Description of Goods/Services/Grant:		Non-Emergency Transportation (NET) SFY24	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

### PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

This contract provides for Non-Emergency Medical Transportation (NET) services to be delivered to Medicaid recipients by the Broker, to recipients who live in the designated service area. This is a Maine Medicaid "MaineCare" service provided pursuant to a 1915(b) waiver approved by the Center for Medicare and Medicaid Services (CMS) and in accordance with the MaineCare Benefits Manual, Section 113 (Non-Emergency Medical Transportation services). This extension provides time for the Department to complete that process and issue an RFP.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The current NET brokers were awarded through an RFP process which concluded on 6/30/2019. The Department conducted a comprehensive evaluation of each of the transportation programs administered within the Department, and we worked with the Department of Transportation to coordinate ongoing NET procurements. Two (2) other RFPs were published with no contracts awarded.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Rates paid to the transportation brokers are established by an independent actuary (Deloitte) per CMS requirements.

4. Describe the plan for future competition for the goods or services.

These services are currently in the competitive process through RFP 202303047 with an Implementation Period of 1/1/2024 and contract start date of 7/1/2024.

### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

### PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting  
Department's Commissioner  
(or designee):

Typed Name:

Date:

28-Jun-23

Signature of DAFS  
Procurement Official:

Typed Name:

David Morris

Date:

7/26/2023

<b>DHHS Office:</b>		<b>OMS</b>			
<b>Service:</b>		<b>Non-Emergency Transportation (NET) SFY24</b>			
<b>Vendor Name</b>	<b>Agreement Number</b>	<b>CT Number</b>	<b>Start Date</b>	<b>End Date</b>	<b>Agreement Amount</b>
ModivCare, formerly LogistiCare	OMS-24-2001	CT 10A 20230504000000003059	7/1/2023	6/30/2024	\$5,676,656.00
ModivCare, formerly LogistiCare	OMS-24-2002	CT 10A 20230504000000003060	7/1/2023	6/30/2024	\$6,014,759.00
Penquis CAP Inc	OMS-24-2003	CT 10A 20230504000000003061	7/1/2023	6/30/2024	\$13,193,019.00
Penquis CAP Inc	OMS-24-2004	CT 10A 20230504000000003062	7/1/2023	6/30/2024	\$15,060,221.00
Waldo Community Action Partner	OMS-24-2005	CT 10A 20230504000000003063	7/1/2023	6/30/2024	\$10,695,073 .00
ModivCare, formerly LogistiCare	OMS-24-2006	CT 10A 20230504000000003064	7/1/2023	6/30/2024	\$7,733,901.00
ModivCare, formerly LogistiCare	OMS-24-2007	CT 10A 20230504000000003065	7/1/2023	6/30/2024	\$11,819,978.00
ModivCare, formerly LogistiCare	OMS-24-2008	CT 10A 20230504000000003067	7/1/2023	6/30/2024	\$7,482,885.00
<b>Total Agreements:</b>	<b>8</b>			<b>Total:</b>	<b>\$77,676,492.00</b>